

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: OCONTO ADULT FAMILY HOME (190070)
Address: 1619 OCONTO DRIVE, SUN PRAIRIE, WI 53590
License Status: REGULAR
Licensed/Certified/Registered 11/01/1996
Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0096328 **End Date:** 02/03/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008321 Served 02/10/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

Survey ID: 0091891 **End Date:** 01/16/2004 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007929 Served 02/03/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(2)	ACCESS TO HOME AND WITHIN THE HOME	02/03/2006	Yes
88.05(4)(f)	RESIDENT INCAPABLE OF SELF EVACUATION	02/03/2006	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	02/03/2006	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 01/29/2004 SOD #10007929 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Provider Inspection Summary
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Complaint History

Date Complaint Received: 10/13/2003

Date Investigation Completed: 01/26/2004

Subject Area(s)
STAFF ADEQUACY

Result
SUBSTANTIATED

SOD #
10007929

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